Navy-Marine Corps CTR – Theater Medical Registry Form - Psych

Name (Last, First MI):	Patient I.D. / SSN:	Paygrade/Category: E3 USMC	MOS:	Unit:
Date of Birth 4/20/79	Gender: ☒ Male ☐ Female	**Treatment:** ☐ Initial ☒ Follow-Up	**Date/Time of Arrival:** 8/30/06 (1300)	
Allergies: NKDA	**MTF Designation:** Al Taqaddam Surgical	**MTF Location:** Al Taqaddum, Iraq	**Facility Type:** ☐ Base-X ☐ GP ☐ CBPS ☒ Hard Bldg	

Combat and Psychological Trauma Exposure

N	P	(N-New since last visit)	N	P	(P – No. of Prior Total Exposures)	N	P	(N – New P – Total Past exposures)
0	0	Almost Seriously Injured	0	0	Knowing someone seriously injured/killed	0	0	Seeing enemy killed
0	0	Attacked-Ambushed	0	0	Saved life of Marine/Soldier/Sailor/Civilian	0	0	Seeing civilians killed
0	0	Attacked by IED	0	0	Seeing Dead bodies or human remains	0	0	Shooting or directing fire at the enemy
0	0	Attacked by Indirect Fire	0	0	Seeing death of unit members	0	0	Unable to help ill/injured women/children
0	0	Attacked by RPG	0	0	Seeing death of a friend	0	0	Unable to Help or Respond
0	0	Attacked by Small Arms Fire	0	0	Seeing serious injury of unit member	0	0	Other:
0	0	Attacked by VBIED	0	0	Seeing serious injury of friend			Unknown ☐ N/A
0	0	Attacked by Friendly Fire	0	0	Seeing Dead or seriously injured Americans	Notes:		
0	0	Being Wounded or Injured	0	0	Seeing Death/Maiming of Women/Children			
0	0	Being Resp for death of non-combatant	0	0	Seeing avoidable casualties or losses			
0	0	Engaged in Close Combat (<20 yds)	0	0	Seeing Accidental Death	**Total No. of New Potential Trauma Exposures** N 0		
0	0	Handling dead bodies or body parts	0	0	Seeing burning bodies or death by burning	**Total No. of Past Potential Trauma Exposures** P 0		
0	0	Killing enemy combatant	0	0	Seeing atrocities	**Total No. of Combat Deployments** D 1		

Current Symptoms Screen

Traumatic Stress Symptoms	Affective Symptoms	Anxiety Symptoms
☐ **Dissociative** (3 or more)	☒ **Depressive Episode** (5 or more in 2 wks)	☐ **Panic Attack**
☐ Numbing, detachments, lack of emotions	☒ Depressive mood	☐ Palpitation ☐ Choking
☐ Reduced awareness, being in a daze	☒ Anhedonia	☐ Sweating ☐ Chest Pain
☐ Derealization	☐ Weight Δ ☐ Inc Appetite ☐ Dec Appetite	☐ Trembling shaking ☐ Parasthesias
☐ Depersonalization	☐ Insomnia	☐ SOB/smothering ☐ Chills or hot flashes
☐ Dissociative Amnesia	☒ Psychomotor agitation or retardation	☐ Nausea/abd distress ☐ Fear of dying
☐ **Re-experiencing**	☐ Fatigue / loss of energy	☐ Dizzy/lightheaded
☐ Recurrent images, thoughts and feelings	☒ Feelings of worthlessness	☐ Derealization / depersonalization
☐ Nightmares, intense arousal at reminders	☒ Inappropriate / excessive guilt	☐ Fear of losing control or going crazy
☐ **Avoidance of Stimuli**	☐ Poor concentration or indecisiveness	
☐ **Anxiety or Increased Arousal**	☐ Recurrent thoughts of death or SI	☐ Generalized Anxiety or Nervousness
☐ Sleep delay or interuption	☐ Thoughts of self-harm	
☐ Irritability	☐ **Manic Episode**	☐ **Psychotic Symptoms**
☐ Poor concentration	☐ Distinct period of elevated mood	☐ Hallucinations ☐ Paranoia
☐ Exaggerated startle	☐ During mood elevation 3 or more:	☐ Delusions ☐ Thought blocking
☐ Anger	☐ Inflated self-esteem or grandiosity	☐ Illusions ☐ Thought insertion
	☐ Decreased need for sleep	☐ Ideas of Reference ☐ Derailment
	☐ More talkative / pressured speech	
	☐ Flight of ideas / racing thoughts	

☐ **Other:**

Head Injury Screen		Concussion Grade	Recent Head Injury Symptom Checklist:		
Past Hx Head Inj	**Recent Hx Head Inj**	☐ Gr 1 No LOC, Trans Conf, MSΔ<15m	**Physical**	**Cognition**	**Emotional**
☒ None	☒ None	☐ Gr 2 No LOC, + Conf; MSΔ >15 min.	☐ Headache	☐ Poor memory	☐ Pers Change
☐ Hx of Seizures	☐ Rec Blast Exposure	☐ Gr 3 Any LOC	☐ Dizziness	☐ Confusion	☐ Mood swings
☐ Hx Alt Consc.	00 Ft Proximity to Blast	☐ LOC Brief = secs 00	☐ Blurred vision	☐ Trouble Conc	☐ Temper Outbursts
☐ Hx LOC	00 # Exposures to Blast	☐ LOC Prolonged 00 mm 00 hh 00 dd	☐ Vomiting	☐ Trouble reading	☐ Loss of interest
00 # Episodes LOC	**Head Inj Notes:**		☐ Light/noise Sens	☐ Slowed thinking	☐ Withdrawal
Duration			☐ Fatigue		

Past Psychiatric History : ☐ None ☐ Hospitalization x ___ days ☐ Outpatient ☐ Medications ☐ Therapy / Counseling

Notes: She participates inpsychotherapy with Dr. Stewart

Substance Abuse Hx		Substance Use Notes:
☐ EtOH Abuse Hx	☐ Supplements Use Hx	
☐ illicit Drug Abuse Hx	☐ Tobacco Use Hx	

Developmental and Social History

Family of Origin		Education	Occupational / Military History	Relationships (Support)	
☐ No Problems		☐ < High School	☐ No Problems	☐ Single	☐ Co-Habitate
☐ Violence	☐ Abuse:	☐ HS Diploma ☐ GED	☐ Fired	☐ Separated	☐ Married
☐ EtOH	☐ Sexual	☐ College	☐ NJP x ___	☐ Divorced	00 # Children
☐ Drugs	☐ Physical	☐ Graduate	☐ Courts Martial x ___	☐ Other:	
☐ Other abuse:		☐ Other:	☐ Jail		

Dev/Soc Hx Notes:

Name (Last, First MI):	Patient I.D. / SSN:
Past Medical Hx: ☒ None.	**Current Medications List**
Notes:	

Hx of Present Illness:

Mental Status Exam

Appearance & Behavior: ☒ Within Normal Limits	**MSE Notes:**
Eye Contact / Speech: ☒ Good eye contact, normal speech.	
Motor: ☒ No psychomotor agitation or retardation	
Mood: ☐ Stated mood was " "	
Affect: was serious and appropriate	
Thought Processes: ☒ Linear, logical and goal directed. **Thought Content:** ☒ No suicidal ideation, intent or plan ☒ No homicidal ideation, intent or plan ☒ No evidence of psychosis.	
Cognition: ☒ Alert & Oriented to person, place, time, situation. ☒ Concentration Intact. Intelligence estimated to be **Memory:** ☒ Intact for immediate, long and short term memory.	
Judgment: ☒ Intact	
Insight: ☒ Intact	
Impulse Control: ☒ Intact	

Psychiatric Diagnosis	Combat Stress	
Axis I:	☒ Not Applicable	☐ Combat Stress
Axis II: No Diagnosis	☐ Operational Stress	☐ Light
Axis III: No Diagnosis		☐ Heavy
Axis IV: Other psychosocial / environmental problems	Notes on Stressors:	
Axis V: GAF (Current) – 61-70 Mild symptoms		
Axis V: GAF (Past Yr) – 61-70 Mild symptoms		

Formulation:

Treatment Plan

Goals/Medications/Interventions:	Goals/Medications/Interventions ☐ Informed Consent Given
1.	4.
2.	5.
3.	6.

Disposition

Duty Status: ☐Light Duty x __ day(s) ☒ Return To Duty/Fit for full duty	**Safety:** ☒ At low risk for harm to self or others at this time
☐ Rec Medevac out of Theater	☐ At high risk for harm to self or others, precautions listed below.
Limitations:	**Precautions:**

Provider Signature:	**Date/Time:** 8/30/06 (1300)
Psych Tech Name (Printed or Typed):	
Provider Name (Printed or Typed):	